THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Co	ourt Name:					
Ca	ase Name:					
Ca	ase Number:					
	PETITIO	ON TO CHAI	NGE COURT ORD	ER		
1.	Your Name					
	Date of Birth					
	Residence Address					
	Mailing Address (if different)					
	Telephone Number (Home)		(Work)			
2.	Other Party's Name					
	Date of Birth					
	Residence Address					
	Mailing Address (if different)					
	Telephone Number (Home)		(Work)			
3.	List minor children born to or adopted by the parties:					
	Name	Date of Birth		Date of Birth		
4.	What part of the court order(s) do you want the court to change? (Check any that apply)					
	The date of the most recent court	order (if know	n):			
	☐ Child Support Only		Child Support and Par			
	☐ Legal Separation to Divorc	e .	Alimony			
	☐ Parenting Plan		Other			
5.	What, specifically, do you want the court to order? (Please attach additional page(s) if necessary)					

Ca	ise Na	me:						
		mber:						
PE	TITIO	N TO CHANGE COURT ORDER						
6.	Why	should the court change the current	ange the current orders? (List each reason separately.)					
7.	Please check one of the following regarding public assistance.							
		□ No public assistance (TANF) is now being or has within the last 6 months been provided, r is medical assistance (Medicaid) presently being provided, for any minor child of the partie						
	☐ The N. H. Department of Health and Human Services is providing or has provided will last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a model or children of the parties. If you check this box, you must mail copies of this per the Personal Data Sheet (NHJB-2077-FS) to DHHS at:							
		New Hampshire Departr Division of Child Suppor 129 Pleasant Street Concord, NH 03301	ment of Health and Human So t Services - Legal Unit	ervices				
8.	By f	By filing this petition, you are asking that the Court:						
		Change the current orders as stated above;						
		Schedule a hearing;						
	Other:							
		Grant any other orders which may be appropriate.						
			-					
Sig	gnature	of Attorney (if any)	Signature of Party filing Petition to	Change Date				
Pri	nted Na	ame, Address, E-mail, and Phone Number of Atto	rney					
Su	ıbscrib	ed and sworn to before me, atCounty	, State of	on Date				
My	/ Comr	mission Expires	 Signature of Notarial Offic	er				
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